SERFF Tracking #: SFCM-129250080 State Tracking #:

Company Tracking #: IH-HIDCGI.1 ET AL

State: District of Columbia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

Product Name: Hospital Income Rate Quote

Project Name/Number: Hospital Income Rate Quote/IH-HIDCGI.1 et al

## Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company

Product Name: Hospital Income Rate Quote

State: District of Columbia

TOI: H14I Individual Health - Hospital Indemnity

Sub-TOI: H14I.000 Health - Hospital Indemnity

Filing Type: Rate

Date Submitted: 10/15/2013

SERFF Tr Num: SFCM-129250080

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: IH-HIDCGI.1 ET AL

Implementation 01/01/2014

Date Requested:

Author(s): Sandy Barnes, Jennifer Soucek, Steve Crum, Sherry Boitnott, Cindy Freed, Maureen Macak

Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu

Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

Product Name: Hospital Income Rate Quote

Project Name/Number: Hospital Income Rate Quote/IH-HIDCGI.1 et al

#### **General Information**

Project Name: Hospital Income Rate Quote Status of Filing in Domicile: Pending

Project Number: IH-HIDCGI.1 et al Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: We are not required to file

marketing pieces for Hospital Income products in Illinois.

Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Individual Market Type:

Overall Rate Impact: Filing Status Changed: 10/24/2013

State Status Changed:

Deemer Date: Created By: Cindy Freed

Corresponding Filing Tracking Number:

Filing Description:

Submitted By: Cindy Freed

Re: State Farm Mutual Automobile Insurance Company

NAIC #176-25178 FEIN #37-0533100

Hospital Income Rate Quote Co Tracking #: IH-HIDCGI.1 et al

Form # Form Name

IH-HIDCGI.1 Hospital Income- Your Information

IH-HIDCCI.1 Hospital Income- Coverage Information

IH-HIDCRQ Hospital Income-Your Quote

Enclosed for filing on behalf of State Farm Mutual Automobile Insurance Company of Bloomington, Illinois are the referenced advertising forms. These forms are being filed for use in your state and contain information regarding Hospital Income Coverage (Supplemental Medical).

IH-HIDCPS.1, Health Rate Quote - Policy Information, which was approved by your department on April 8, 2011 under SERFF Tracking # SFCM-127092481, is the first page of the flow in which the above pages are included.

These forms will be used with policy series 97024 ZDC1, approved September 12, 2013 under SERFF # STFH-129069997.

The format and colors that are on the internet pages are variable and may change from year to year.

We are not required to file marketing pieces for Hospital Income products in Illinois.

The effective date of these materials will be January 1, 2014 or as soon as possible thereafter.

# **Company and Contact**

**Filing Contact Information** 

Cindy Freed, Tech - Contracts & cindy.freed.h8a4@statefarm.com

Compliance

State: District of Columbia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

Product Name: Hospital Income Rate Quote

Project Name/Number: Hospital Income Rate Quote/IH-HIDCGI.1 et al

One State Farm Plaza 309-763-3819 [Phone] Bloomington, IL 61710-0001 309-766-8483 [FAX]

**Filing Company Information** 

State Farm Mutual Automobile CoCode: 25178 State of Domicile: Illinois

Insurance Company Group Code: 176 Company Type:
One State Farm Plaza Group Name: State ID Number:

Laura Walters / Marketing D-3 FEIN Number: 37-0533100

Bloomington, IL 61710 (309) 763-8104 ext. [Phone]

# Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

State: District of Columbia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

**Product Name:** Hospital Income Rate Quote

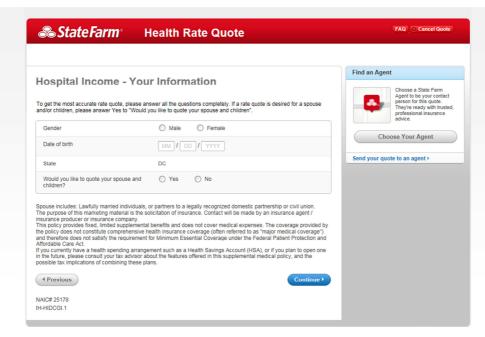
Project Name/Number: Hospital Income Rate Quote/IH-HIDCGI.1 et al

### Form Schedule

Lead Form Number: IH-HIDCGI.1 et al								
Item	Schedule Item	Form		Form	Form	Action Specific	Readability	
No.	Status	Name	Number	Туре	Action	Data	Score	Attachments
1		Hospital Income- Your Information	IH- HIDCGI.1	ADV	Initial			IH_HIDCGI.1_DC_ HRQ_GeneralInfo. pdf
2		Hospital Income- Coverage Information	IH-HIDCCI.1	ADV	Initial			IH_HIDCCI.1_DC_ HRQ_CoverageInf o.pdf
3		Hospital Income-Your Quote	IH-HIDCRQ	ADV	Initial			IH_HIDCRQ_DC_ HRQ_QuoteInfo.p df

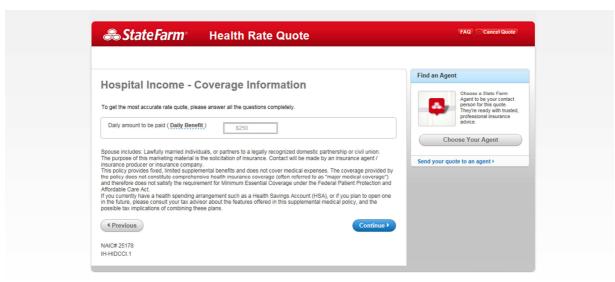
Form Type Legend:

FOITH TY	pe Legena:		
ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
ОТН	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



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<b>- StateFarm</b> ° ⊦	ieaith Rate Qi	uote	FAQ 😸 Cancel Qu
Hospital Income - You	r Quote		Questions? Your Agent can help Your Agent is ready to double check
Policy Form 97024 Series  Thank you for your interest in State Farm Hos This is a no obligation rate quote. There are falligibility for Health Insurance.	pital Income Insurance. ctors that may affect your	\$16.33 <sub>/mo</sub>	your quote and give you expert advice.  Forward To Agent
		\$ 98.00 Semi annually	Your Quote Info
			October 11, 2013
Policy Information  Type of coverage	Hospital Income	Edit Policy Info	
Optional Benefits Optional Benefits	Christian Science Rider		
*Optional Benefits are available. If you would your local <u>State Farm Agent</u>	l like to find out more information	on regarding Optional Riders, please contact	
Your Information		Edit Your Info	2
Gender	Male		
Date of birth	1/11/1972		
State	DC		
Coverage Information			
Daily amount to be paid ( Daily Benefit )	\$250		
This example of available coverages, limits an information used to generate this example charate quote may be revised. All coverages are 170 obtain coverage you must submit an applic underwriting approval and subject to applicable	nges, or different rates are effectible to the terms and condit ation to State Farm. All applicate state and federal law. All polices	ective at the time of policy issuance, this ions contained in the policy and riders. ations for coverage are subject to	
This example of available coverages, limits an information used to generate this example charate quote may be revised. All coverages are to obtain coverage, you must submit an applic	nges, or different rates are effectible to the terms and condit ation to State Farm. All applicate state and federal law. All polices	or, or recommendation of coverage. If the ective at the time of policy issuance, this ions contained in the policy and riders. It is to coverage are subject to	

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State: District of Columbia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

Product Name: Hospital Income Rate Quote

Project Name/Number: Hospital Income Rate Quote/IH-HIDCGI.1 et al

# **Supporting Document Schedules**

•	
Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC HI Rate Quote Cover Letter 10-15-13pdf
Item Status:	·
Status Date:	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	
Purposed Items	
Bypassed - Item:	Actuarial Memorandum
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Actuarial Justification
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	
Pyropood Itom	
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)

SERFF Tracking #:	SFCM-129250080	State Tracking #:	Company Tracking #:	IH-HIDCGI.1 ET AL
State:	District of Columbi	a Filing Company:	State Farm Mutua	I Automobile Insurance Company
TOI/Sub-TOI:	H14l Individual He	alth - Hospital Indemnity/H14I.000 Health - Hospital Indemnity		
Product Name:	Hospital Income R	ate Quote		
Project Name/Number:	Hospital Income R	ate Quote/IH-HIDCGI.1 et al		
Bypass Reason:	NA	\ \		
Attachment(s):				
Item Status:				
Status Date:				
Bypassed - Item:	Ac	tuarial Memorandum and Certifications		
Bypass Reason:	NA			
Attachment(s):				
Item Status:				
Status Date:				
Bypassed - Item:	Un	ified Rate Review Template		
Bypass Reason:	NA			
Attachment(s):				
Item Status:				

**Status Date:** 

District of Columbia Department of Insurance 810 First Street, NE, Suite 701 Washington, DC 20002

Re: State Farm Mutual Automobile Insurance Company

NAIC #176-25178 FEIN #37-0533100 Hospital Income Rate Quote Co Tracking #: IH-HIDCGI.1 et al

Form # Form Name

IH-HIDCGI.1 Hospital Income- Your Information IH-HIDCCI.1 Hospital Income- Coverage Information

IH-HIDCRQ Hospital Income-Your Quote

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Sincerely,

Tammie Mills

Analyst-Life/Health Contracts and Compliance State Farm Mutual Automobile Insurance Company

Dannie Mills

1-309-994-0300

tammie.mills.csag@statefarm.com